

assessed as they proceed through the learning exercise. It also allows them to learn a particular topic in depth and to hear experts analyze a case. Moreover, it assures that students are exposed to core topics in the field. The use of the Web allows easy access to this information and presents it in an interactive and engaging manner. This is an efficient way of reaching a large audience. There is an initial labor-intensive investment that pays its return through efficient and easy access of the material. A collaborative effort amongst universities to develop a library of case based learning materials would be a very cost-effective way of transmitting information and enhancing student's learning. A Web-based case developed by Tong, Poncelet, and Berger involving headache complaints in a patient with mixed personality disorder and drug-seeking behavior will be presented.

32105 — Psychosomatic education applied in unlikely places—college health services and sleep disorders clinic

Swigar ME

A consultation–liaison psychiatry background is invaluable in outpatient practice in almost any setting. It applies both to the education of trainees, especially residents in psychiatry, and also to patient care. For resident training, as experienced by them in subspecialized settings, such as college student health, and in learning about sleep disorders, the psychosomatic approach is a unifying concept, questions their (often narrow) assumptions about what they are learning, and shows them how psychiatric practice is made more interesting. They truly experience why there is a multiaxial approach to patient profiles as a point of departure. They learn that one can find out much complex material in a relatively brief time, provided that the art of targeting areas of interest is used, and that these be thought of in the first place. For patient care, a cooperative dyadic relationship, with a practical approach using current signs and symptoms, acknowledging possible areas of stress, with use of developmental stage-in-life knowledge, is a consensual process of education for both physician and patient. These days, patients have a variety of sources of information, and use them. An educated and curious patient clientele, while more challenging and humbling, makes practice safer and more easy. Much is written about “compliance” or, as it is otherwise termed, “adherence” to treatment. It is useful to use Kravitz's adherence/outcome model, including on–off, linear, curvilinear, and threshold models, combined with a psychosomatic information base for ongoing treatment. These will be illustrated in a specific way, using composite case material, and both syndromic and age-and-stage lifestyle problems, to show that a psychosomatic approach outlined above can be very useful anywhere. Examples of cases from sleep clinic are obstructive sleep apnea, parasomnias, restless leg syndrome, and insomnia and sleep hygiene, or in the case of college students, delayed phase sleep problems and level of brain maturation, narcolepsy, or sleep problems as a differential diagnosis in ADD, to illustrate combining both areas. In college students per se, adherence and broad approach issues are to be found in ADD, known or new, sports-related or motor vehicle accident, low level traumatic brain injury, or TBI. Substance use and independence issues add additional dimensions. For resident training, any of the case themes noted above occurs commonly, thus providing a rich educational model. The resident then goes beyond anxiety and depression, adjustment disorders, and so on, to incorporate related but broader vistas in assessing patients. Particularly in the college clinic setting, working all this with curious, striving, and bright students is an added plus. For the teaching psychiatrist with a psychosomatic background, it is an ideal way to teach and practice.

32106 — Teaching psychosomatics: issues of style and technique

Powsner S

How can we effectively teach psychosomatic medicine? Which didactic styles and techniques will reliably lead our trainees to learn? We can assign readings, show videos, give lectures, lead seminars, and supervise patient care. We can take on the role of lecturer, drill sergeant, coach, and others. Which techniques, which roles, are most effective? An educator's

style is his or her most fundamental teaching technique. Style in this sense is more a matter of intellectual stance and social role than its usual connotation of personal style (formal vs. informal, encouraging vs. demanding, etc.). Our trainees experience all of these factors as a whole. Although there is no readily accessible literature of educational style, cinema offers an alternative. Movies show teachers that we can see and hear, consider and reconsider, free of the hustle bustle of modern medical centers. Movies show students that we can observe teacher–student interactions. Cinema can be our Gedankenexperiment in education. Modern cinema technology, i.e., computer video, can be an effective teaching technology. Today's students could carry a lecture in their pocket; however, they usually carry only their favorite MP3 tune. This disparity between the technology of entertainment and the technology of education should spur our thinking. There are new technologies and old techniques available to make our teaching more effective. A series of video clips from classic and contemporary movies, along with video clips from an academic emergency service, will illustrate these points. Application to psychosomatic training will be reviewed.

Psychosomatic medicine and complementary and alternative medicine

32202—Culture bound syndrome and Oriental medicine in Korea

Jongwoo K

In Korea, there are two medical systems, Oriental and Western Medicine, which are conducted independently. They have similar subsystems in most medical parts, like education, training course after graduation, and specialist, etc. Oriental medicine (Korean traditional medicine) is characterized by holistic approach to mind and body (psychosomatic), symptom based and constitutional medicine. And it has a merit to treat and understand the patients who are suffering from culture-bound syndrome. (1) Oriental medicine is conventional medicine in Korea, whereas it seems to be complementary and alternative medicine in other countries. It has a university educational system that consists of a 2-year preparatory course and a 4-year regular course and also has a training system that is made up of 1-year internship and 3-year residence. The kinds of specialists are internal medicine, acupuncture, and moxibustion, gynecology, pediatrics, neuropsychiatry, rehabilitation, sasang constitution, and ophthalmology and otolaryngology and dermatology. (2) Oriental neuropsychiatry is a special department for treatment of neuropsychiatric illnesses with oriental medical methods. And the patients with neurologic, psychiatric, and psychosomatic problems are generally managed, and depression, anxiety, alcoholism, dementia are major disorders in the clinic. (3) Some depression patients are willing to express their somatic symptoms instead of depressive mood in Korea. It may be caused by cultural background where people abstain to reveal their mental and psychotic problems. (4) Because Oriental medicine is originally derived from symptom-based medicine, it is better to treat culture-bound syndrome that is difficult to diagnose by Western medicine.

Psychosomatics of human sexuality

32301 — Erectile dysfunction and QOL

Ishizu H

Male erectile dysfunction (ED) is one of popular disorders; however, it brings a large distress on man's mind and body, because of the most important problem for males in life.

Generally, patients suffering from male erectile dysfunction will be divided into two groups: one is the young adult group and the other is the aged group. The former has a deep and strong distress by impotence, and the latter has not so severe distress as young adult.

Young adult ED is caused by various psychogenic factors such as hyper-sympatheticotonic state with anxiety, especially expected anxiety, depression, agony etc., and almost build a vicious circulation between mind and body.

Psychotherapy, including autogenic therapy, behavior therapy, relaxation therapy etc., is the most important treatment for these ED patients. Aged ED is caused by organic changes with senile degeneration such as caverno-vascular arteriosclerosis, decline of androgenic hormones, nervous dysfunction by physical conditions with DM, hypertension, cardiac disease, cancer, etc.

Pharmacotherapy of phosphodiesterase (PDE)-5 inhibitor (sildenafil, vardenafil, etc.) with medical physical treatments is the most important one for these aged ED patients.

Pharmacotherapy of Viagra, Levitra, etc., is also very useful for young adult ED, too; however, it is not so effective for subconscious/unconscious profound psychogenia such as ED with traumatic injury in early life history and problems on the development of mental relationship.

32302 — A male climacterium clinic in Japan

Ishikura F

In contrast to women, men do not experience a sudden cessation of gonadal function comparable with menopause. However, there is a progressive reduction in hypothalamic–pituitary–gonadal (HPG) axis activity in aging men: Testosterone levels decline. Such progressive HPG axis hypofunctioning is thought to be responsible for some signs and symptoms that are common in elderly men, such as fatigue, reduced muscle and bone mass, sexual dysfunction, and depression. Testosterone replacement in men with age-related mild hypogonadism is not apparently effective in reversing these symptoms. Although hypogonadism is not central to major depressive disorder, HPG hypofunction may have a etiological importance in mild depressive conditions, such as dysthymia.

Recently, erectile dysfunction and nonspecific complaints, such as insomnia, headache, vertigo, shoulder stiffness, palpitation, chest pain, hyperventilation, cold sweat, diarrhea, constipation, cold constitution, and so on, are very common in middle aged-men like postmenopausal women. To address this phenomenon, we set up a male climacterium clinic in Japan. The chief complaint of about 30% of patients was erectile dysfunction, and they asked the possibility and safety of taking the medication for erectile dysfunction like sildenafil citrate or vardenafil hydrochloride. The other 70 % patients complained of nonspecific complaints, depressed mood, and anxiety.

We will present the clinical status of male climacterium in Japan without testosterone replacement therapy.

32303 — Difficult factors on sex therapy for vaginismus

Ohkawa R

Female disorders of vaginal penetration, so-called vaginismus, are very complicated syndrome. Some patients show involuntary spasm of vagina, but others do not. The latter patients tend to have severe phobia for insertion. Psychological causes, background, and prognosis are also various. Within 176 patients of vaginismus which the author treated from 1987 to 2003, 68 cases, 39%, were succeeded to intercourse but 52(30%) dropped out. In this study, I compared several factors of patients of both groups to find out difficult factors of sex therapy of vaginismus.

Results: In the cure group (Group 1), 63 out of 68 cases, 93%, had therapy for the couples. On the other hand, only 69% of partners joined therapy in the dropout group (Group 2). In Group 2, more partners had primary or secondary male sexual dysfunction than in Group 1. Several patients of Group 2 had severe vaginismus with serious phobia or psychological complication and could not progress behavioral therapy. In another case of Group 2, divorce or moving was the reason of stop therapy.

Conclusion: Both the patients' and the partners' problems and also their cooperation are important factor of therapy. More intervention to the male partners should be available. For the female patients, managing for phobia should be improved.

32304 — Transgenderism in Japan: a look at Japan's new GID law

Higashi Y

In the past 10 years, several significant events surrounding transgender people in Japan have occurred. The Japanese Society of Psychiatry and Neurology established guidelines for the diagnosis and the treatment of gender identity disorder (1997), the first publicly announced sex reassignment surgery was conducted with recognition from an ethics committee of a private university as a justified medical procedure (1998), a transgender was elected to the Setagaya Ward Congress (2003), and a law allowing postoperative transsexuals to change the gender on their "koseki" (a family registration) passed the Diet (2003) and is currently being enacted (from July, 2004). During this time period, the public profile of transgender people expanded, and now, it is not only about "sex subcultures" but also about "medical and human rights issues". However, there are voices in the transgender community that argue these changes that have resulted from the medicalization of transgenderism amount to a "Pyrrhic Victory." In this presentation, I illustrate the current climate of transgenderism and the concerns of transgenders in Japan. I will introduce and discuss the ethical issues surrounding the new transsexual law and highlight how the law affects the sexual/reproductive health/rights of transgender people in Japan.

32305 — Psychosocial problems of HIV infected people in Japan

Yamanaka K

In many countries, HIV/AIDS becomes a serious health problem. In Japan, the number of HIV infected people has been increasing especially among younger generation although national and local governments have repeatedly conducted campaigns for prevention. Some of Japanese epidemiologists warn that "the second wave of infection" has come.

In Japan, many kinds of anti-HIV drugs are presently available in general medical institutions. Hence, the death rate due to HIV/AIDS has decreased among HIV infected people who have continuously received anti-HIV drug treatment. HIV/AIDS becomes a "chronic illness" in Japan. As a result of this change, HIV-infected people are now facing various life problems instead of "death and dying".

Since 2000, the author has conducted several qualitative studies on psychosocial problems experienced by HIV-infected people who have received anti-HIV drug treatment. In an interview research for HIV infected people, they told that their motivation and mood in a daily life were easily infected by various side effects from anti-HIV drugs. Once they start this treatment, they have to continue taking drugs for long time. They felt that they were "controlled and ruled" by drugs. They also told the treatment saved their lives but blocked their lives too. Their "minds" and "bodies" are ambivalently infected by the treatment.

The treatment enables HIV-infected people to live long. This clarifies the necessity to enhance various facets of QOL, including their sexual life. This presentation will report on this matter and introduce some results from other researches.

The role of evidence-based counseling and coping PSD stress

32501 — Social skills training in coping PSD stress

Shimada H

Stress management could be divided into four intervention techniques as follows; (i) to control environmental stimuli, (ii) to modify one's cognitive appraisal, (iii) to modify coping process to stressful situations, and (iv) to reduce one's stress responses directly. In particular, social skills are an important coping resource because of the pervasive role of social functioning in human adaptation. Social skills facilitate problem-solving in conjunction with other people. Gresham (1998) presented the social skills classification model. Social skills acquisition deficits refer to the